FORM D



1281144

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

# FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

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OMB APPROVAL										
OMB Number:	3235-0076									
Expires:	May 31, 2005									
Estimated average burden										
hours per respo	nse 16.00									

SEC USE	ONLY
Prefix	Serial
DATE RECI	EIVED
i	1

Name of Offering ( check if this is an amendment and name has changed,	and indicate change.)	
St. Louis Equity Fund 2004, L.L.C.		
Filing Under (Check box(es) that apply): Rule 504 Rule 505 X F	tule 506 Section 4(6) ULOE	
Type of Filing: New Filing Amendment		2000 V
A. BASIC IDENTIF	ICATION DATA	
1 Presently information assumed about the income		1 E EV - 1
1. Enter the information requested about the issuer		
Name of Issuer ( check if this is an amendment and name has changed, and	indicate change.)	
St. Louis Equity Fund 2004, L.L.C.		
	t, City, State, Zip Code) Telepho	ne Number (Including Area Code)
707 North Second Street, Suite 308, St. Loui		) 436-78 <sup>1</sup> \0/
•	et, City, State, Zip Code) Telepho	one Number (Including Area Code)
(if different from Executive Offices)		
Brief Description of Business		
Acquisition of limited partnership or membership interest will develop and operate peighborhood revitalization	sts in limited partnershi	ps or liability companies
Acquisition of limited partnership or membership interesthat will develop and operate neighborhood revitalization of Missouri and select counties of the State of Kansas	and the State of Illinois	·
Type of Business Organization		
corporation limited partnership, already forme	d 🔯 other (please specif	v):
business trust limited partnership, to be formed	limited lia	bility company
Month Year		bk00gg
Actual or Estimated Date of Incorporation or Organization: 04	Actual X Estimated	FEB 25 2004
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Ser		LEB 52 mg.
CN for Canada; FN for other for	reign jurisdiction) MO	
GENERAL INSTRUCTIONS		THOMBOTAL
		SINGNOVA

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### - ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A BASIC IDE	NTIFICATION DATA		
2. Enter the information requested for the following:			
• Each promoter of the issuer, if the issuer has been organized wit	hin the past five years;		
Each beneficial owner having the power to vote or dispose, or dire	ct the vote or disposition o	f, 10% or more of a clas	s of equity securities of the issuer.
Each executive officer and director of corporate issuers and of c			
Each general and managing partner of partnership issuers.	b B	-66 F	
Eden general and managing parallel of parallelsing issues.	<u></u>		
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	X Director ☐ of Manager	General and/or Managing Partner
Full Name (Last name first, if individual)			
Baker, Chris			
Business or Residence Address (Number and Street, City, State, Zip Cod			
720 Olive, Room 909, St. Louis, Missouri	63101		
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	∑ Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Castagno, John D.			
Business or Residence Address (Number and Street, City, State, Zip Cod	e)		
One Busch Place, St. Louis, Missouri 631	18		
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	∑ Director ☐ of Manager	General and/or Managing Partner
Full Name (Last name first, if individual)			
Noonan, Thomas M.			
Business or Residence Address (Number and Street, City, State, Zip Cod	(e)		
8000 Forsyth, St. Louis, Missouri 63105	•		
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	X Director of Manager	General and/or Managing Partner
Full Name (Last name first, if individual)			· · · · · · · · · · · · · · · · · · ·
Stohr, Elizabeth			
Business or Residence Address (Number and Street, Citv. State, Zip Cod	e)	····	<u> </u>
9321 Olive Blvd., St. Louis, Missouri 63	132		
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	☑ Director ☐ of Manager	General and/or Managing Partner
Full Name (Last name first, if individual)			
Berry, Clifton			
Business or Residence Address (Number and Street, City, State, Zip Cod	e)	·	··
Gateway One, 701 Market, Suite 350, St. 1	Louis, Missour	i 63101	
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	☐ Director ☐ of Manager	General and/or Managing Partner
Full Name (Last name first, if individual)	·		
Schroeder, Dave			
Business or Residence Address (Number and Street, City, State, Zip Cod	(e)		
7801 Forsyth Blvd., 3rd Floor, Clayton,	•		
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director □     of Manager	General and/or Managing Partner
Full Name (Last name first, if individual)			<u></u>
Puricelli, Dave			
Business or Residence Address (Number and Street, City, State, Zip Cod	e)		
800 Market Street, 15th Floor, St. Louis	Missouri 6310	n1 -	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

#### A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer: Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☑ General and/or Managing Partner Full Name (Last name first, if individual) Manager (not a member) St. Louis Equity Fund, Inc. \* Business or Residence Address (Number and Street, City, State, Zip Code) 707 North Second Street, Suite 308, St. Louis, Missouri 63102 Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer □ Director ☐ General and/or of Manager Managing Partner Full Name (Last name first, if individual) Wuest, John Business or Residence Address (Number and Street, City, State, Zip Code) 212 South Central, Suite 200, St. Louis, Missouri 63105 Executive Officer ☐ General and/or Check Box(es) that Apply: Promoter ☐ Beneficial Owner □ Director of Manager Managing Partner Full Name (Last name first, if individual) Barry, Timothy D. Business or Residence Address (Number and Street, City, State, Zip Code) 707 N. Second Street, Suite 308, St. Louis, Missouri 63102 M Executive Officer ☐ General and/or Director of Manager Managing Partner Full Name (Last name first, if individual) Sorkin, Kathleen A. Business or Residence Address (Number and Street, City, State, Zip Code) 707 N. Second Street, Suite 308, St. Louis, Missouri 63102 Check Box(es) that Apply: Promoter □ Beneficial Owner Executive Officer □ Director ☐ General and/or Managing Partner of Manager Full Name (Last name first, if individual) Kennedy, John F. Business or Residence Address (Number and Street, City, State, Zip Code) 707 N. Second Street, Suite 308, St. Louis, Missouri 63102 □ Beneficial Owner M Executive Officer ☐ Director ☐ General and/or Managing Partner of Manager Full Name (Last name first, if individual) Birdsong, Jerre Business or Residence Address (Number and Street, City, State, Zip Code) 1901 Chouteau, St. Louis, Missouri 63103 ☐ General and/or Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director of Manager Managing Partner Full Name (Last name first, if individual) Wilcox, Thomas Business or Residence Address (Number and Street, City, State, Zip Code) 13205 Manchester, St. Louis, Missouri 63131 (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

\* St. Louis Equity Fund, Inc., will be the 2 of 8 Manager of Issuer, which will be a limited liability company. For purposes hereof, the members of Issuer are treated as investors.

					В. І	NFORMAT	ION ABOU	T OFFERI	NG	:			
1.	Hac the	icenar ant	d ordoord	ha issuer :	ntand to se	II to son s	ooraditod !	nvestors :-	this offer	ino?		Yes	No
1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?  Answer also in Appendix, Column 2, if filing under ULOE.									X			
2.	quarter (1/4) units may									7 s 50.	. 000		
۷.	be accepted by Manager									Yes	No.		
3.	Does th	e offering	permit join	t ownershi	p of a sing	le unit?		•••••					X
	commis If a pers or state	ssion or sim son to be lis s, list the n	nilar remune sted is an ass	ration for s sociated pe roker or de	solicitation erson or age ealer. If mo	of purchasent of a broker ore than five	ers in conno ker or deale e (5) persoi	ection with r registered as to be list	sales of sed with the S ed are asso	curities in t SEC and/or	irectly, any he offering. with a state ons of such		
Full	Name (	Last name	first, if ind	ividual)									
Busi	ness or	Residence	Address (N	lumber and	Street, C	ty, State, Z	(ip Code)						<del></del>
——	2.5.4.2	anaistad D	nalen an Da	-1	<del></del>		····			······································			
Nam	e of As	sociated B	roker or De	aler									
State	s in W	nich Person	Listed Has	s Solicited	or Intends	to Solicit	Purchasers				770.7-		
	(Check	"All State	s" or check	individual	States)	•••••						☐ Al	l States
ļ	AL IL MT RI	AK IN NE SC	IA NV SD	KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Full	Name (	Last name	first, if indi	ividual)									
Busin	ness or	Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)						
Nam	e of As	sociated B	roker or De	aler	·	- <u> </u>							<u> </u>
State	s in Wh	ich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers	1980 years and a first transport					
•	(Check	"All State:	s" or check	individual	States)			••••		•••••		☐ AI	1 States
[ [	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Full	Name (	Last name	first, if indi	ividual)						<del></del>			
Busii	ness or	Residence	Address (N	Number an	d Street, C	ity, State,	Zip Code)			<u>-</u>			
Name	e of As	sociated B	roker or De:	aler								<u> </u>	
State	s in W	ich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
			s" or check				-					☐ AI	l States
]	AL IL MT	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	k				
	Type of Security		Aggregate ffering Price	:	An	nount Aiready Sold
	Debt	\$	-0-	_	\$	<del>-</del> 0-
	Equity	\$	-0-		\$	-0-
	Common Preferred					<del>_</del>
	Convertible Securities (including warrants)			_		-0-
	Partnership Interests	\$ <u>4</u>	0,000,0			
	Other (Specify)	\$	0-		\$	-0-
	Total	\$4	0,000,0	<u>00</u>	<u>\$2,</u>	350,000
	Answer also in Appendix, Column 3, if filing under ULOE.					
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	2				Aggregate
			Number Investors		0	ollar Amount of Purchases
	Accredited Investors		5	_	\$ <u>2</u>	,350,000
	Non-accredited Investors		-0-	_	\$_	-0-
	Total (for filings under Rule 504 only)		N/A		\$_	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.					
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.					
	Type of Offering		Type of Security		D	ollar Amount Sold
	Rule 505		-0-	_	\$_	-0-
	Regulation A		-0-	_	\$	-0-
	Rule 504		-0-	-	\$_	-0-
	Total		-0-	_	\$	-0-
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees				\$ <u>-</u>	-0-
	Printing and Engraving Costs		[2		\$	7,000
	Legal Fees	•••••	5	<b>(</b> )	\$ <u>1</u> (	0,000
	Accounting Fees			_	\$ <u>_</u>	-0-
	Engineering Fees				\$ <u>_</u> -	-0-
	Sales Commissions (specify finders' fees separately)		_	_	<b>\$</b> -	-0-
	Other Expenses (identify)				\$ <u>2</u> (	0,000
	Total		-			7,000

audie 1	C. OFFERING PRICE: NUMBER OF INVESTORS, EXPENSES AND USE O	F PROC	EEDS - 13		
	b. Enter the difference between the aggregate offering price given in response to Part C — Question and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted groproceeds to the issuer."	oss		\$ <u>39,963</u> ,	<u>000</u>
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used to each of the purposes shown. If the amount for any purpose is not known, furnish an estimate a check the box to the left of the estimate. The total of the payments listed must equal the adjusted groproceeds to the issuer set forth in response to Part $C$ — Question 4.b above.	nd			
		( Dir	yments to Officers, rectors, & ffiliates	Payments Others	
	Salaries and fees	🔲 \$_	-0-	X \$ 1,40	2,40
	Purchase of real estate	🗀 \$_	-0-	so	
	Purchase, rental or leasing and installation of machinery and equipment	🔲 \$_	-0-	X \$ 1	7,25
	Construction or leasing of plant buildings and facilities	🗀 \$_	-0-	図\$ 6	3,32
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	🔲 \$_	-0-	<b>∑</b> \$36,32	5,00
	Repayment of indebtedness	🔲 \$_	0-	□ \$ <u>-0</u> ·	
	Working capital	🗀 \$_		\$ <u>0</u>	
	Other (specify):	_ 🗆 \$_	-0-	X \$ 2,15	<u>5,02</u>
		- 🏻 \$_	-0-		
	Column Totals	🔲 \$_	-0-	∑\$39,96	3,00
	Total Payments Listed (column totals added)		<b>X</b> \$ 3	<u>9,963,0</u> 00	
	D FEDERAL SIGNATURE		2.2.1		7.70
sign	issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this not ature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Common formation furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of	ice is file	ed under Ru upon writte		
St.	Cr (Print or Type) Louis Equity Fund 4, L.L.C.  Signature  Signature	Date	2	19/04	
Nam St. By:	e of Signer (Print or Type)  Louis Equity Fund, Inc.  Jeffrey H. Pass  Title of Signer (Plint or Type)  Counsel of Issuer			T 7	·
St.	Louis Equity Fund. Inc.				

# ----- ATTENTION -----

	E. STATE SIGNATURE
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification  Yes No provisions of such rule?
	See Appendix, Column 5, for state response.
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.
	uer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned thorized person.
St. L	Print or Type) Louis Equity Fund L.L.C. Signature  Out  Out  Out  Out  Out  Out  Out  Ou
Name (I St. L By:	Print or Type) Ouis Equity Fund, Inc. Jeffrey H. Pass Counsel of Issuer

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX													
1	Intend to non-a investor	I to sell accredited in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	4 f investor and rchased in State C-Item 2)		under Sta (if yes, explana waiver	ification ate ULOE				
State	Yes	No		Number of Accredited Investors	Number of Number of Accredited Non-Accredited				No				
AL													
AK		}											
AZ													
AR													
CA													
со													
СТ													
DE													
DC													
FL													
GA													
HI		· · · · · ·											
ID													
IL													
IN													
IA													
KS						·							
KY													
LA													
ME													
MD													
MA				·									
MI													
MN													
MS													

# APPENDIX I 2 3 4 5 Disqualification under State ULOE

	Intend to non-a investor	2 If to sell accredited is in State I-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО		Х	Membership Inters \$40,000,000	ests 5	\$2,350,000				Х
MT									
NE									
NV									
NH			!						
NJ									
NM									
NY									
NC									
ND									
ОН									
ОК									
OR	-								
PA									
RI									
SC									
SD				:					
TN									
TX									
UT									
VT									
VA	· <b></b>								
WA									
WV	-								
WI									

	APPENDIX													
1		2	3	4					ification					
	to non-a investor	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	amount pu		and aggregate offering price Type of investor and offered in state amount purchased in State		amount purchased in State						
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No					
WY														
PR														